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APPLICANTS
 Robin Scott Gray, Ellicott City, MD;

** CONTINUING DATA ***** *RM*

** FOREIGN APPLICATIONS ***** *RM*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 02/25/2002

Foreign Priority claimed ☐ yes ☒ no

35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged ☐ Examiner's Signature *[Signature]* ☐ Initials *[Initials]*

STATE OR
COUNTRY
MD

SHEETS
DRAWING
9

TOTAL
CLAIMS
20

INDEPENDENT
CLAIMS
4

ADDRESS
 ROBIN S. GRAY
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TITLE
 Syringe and method of using

FILING FEE RECEIVED 520	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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